

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-017195

STATE FILE NUMBER

Filed MAY 27 1959

Registration District No. 096

Primary Registration District No.

Registrar's No. 31

300  
1-57

1. PLACE OF DEATH a. COUNTY <u>Dallas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dallas</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>N. Benton Twp.</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Buffalo</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>4 mi. n.e. of Buffalo</u> Length of stay in lb <u>Life</u>		d. STREET ADDRESS (If outside, give location) <u>4 mi. n.e. of Buffalo</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>ALBERT</u> Middle <u>N</u> Last <u>RANDLEMAN</u>		4. DATE OF DEATH Month <u>5</u> Day <u>14</u> Year <u>1959</u>	
5. SEX <u>m</u>	6. COLOR OR RACE <u>au</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>7-17-1881</u>
9. AGE (In years last birthday) <u>77</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	
11. BIRTHPLACE (City and state or country) <u>Dallas co. mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>James Randleman</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Frezell</u>	
14. NAME OF HUSBAND OR WIFE <u>May Randleman</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO.		17. INFORMANT <u>May Randleman</u> Address <u>Buffalo, mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiac failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Hypertrophic emphysema</u> DUE TO (c) <u>Chronic bronchiectasis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> <u>6 mos.</u> <u>1 year</u>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>6:30</u> a.m. <u>PM</u> Month, Day, Year <u>May 4, 1959</u>		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Buffalo, Missouri</u>	
21. I attended the deceased from <u>May 4, 1959</u> to <u>May 14, 1959</u> and last saw <u>him</u> alive on <u>May 14, 1959</u> Death occurred at <u>6:30 PM</u> on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>Joseph E. Bennett, D.O.</u>	
22b. ADDRESS <u>Buffalo, Missouri</u>		22c. DATE SIGNED <u>5/19/59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>5-17-1959</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Oak Lawn Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>Buffalo, mo.</u>	
24. FUNERAL DIRECTOR <u>L. B. Jones</u> ADDRESS <u>Buffalo, mo.</u>		25. DATE RECD. BY LOCAL REG. <u>5/26/59</u>	
26. REGISTRAR'S SIGNATURE <u>Mrs. Vera Petre</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me, Student Embalmer No. ✓ working under my personal supervision.

Student ✓  
Signature of Student Embalmer

Signed R-E. Cleatham

Licensed Embalmer No. 2879

P. O. Address Buffalo, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.